

<b>TRAVEL VOUCHER</b>  <i>(Read the Privacy Act Statement on the back)</i>		<b>1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE</b>		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b>  <b>4. SCHEDULE NO.</b>																	
TRAVELER (PAVE)	<b>5. a. NAME (Last, first, middle initial)</b>  Doe, John			<b>b. SOCIAL SECURITY NO.</b>  112-134-5678		<b>6. PERIOD OF TRAVEL</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>a. FROM</b></td> <td style="width: 50%;"><b>b. TO</b></td> </tr> <tr> <td style="text-align: center;">29 Aug 05</td> <td style="text-align: center;">27 Sep 05</td> </tr> </table>		<b>a. FROM</b>	<b>b. TO</b>	29 Aug 05	27 Sep 05												
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	29 Aug 05	27 Sep 05																					
	<b>c. MAILING ADDRESS (Include ZIP Code)</b>  123 Temporary Home Avenue Atlanta, GA 30215			<b>d. OFFICE TELEPHONE NO.</b>  404-123-4567		<b>7. TRAVEL AUTHORIZATION</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>a. NUMBER(S)</b></td> <td style="width: 50%;"><b>b. DATE(S)</b></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		<b>a. NUMBER(S)</b>	<b>b. DATE(S)</b>														
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<b>e. PRESENT DUTY STATION</b>  New Orleans District Office 701 Loyola Avenue Suite 600 New Orleans, LA 70113-9936			<b>f. RESIDENCE (City and State)</b>  123 Any Street Avenue New Orleans, LA		<b>10. CHECK NO.</b>																		
<b>8. TRAVEL ADVANCE</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>a. Outstanding</b></td> <td style="width: 50%;"> </td> </tr> <tr> <td><b>b. Amount to be Applied</b></td> <td style="text-align: center;">\$1,500 00</td> </tr> <tr> <td><b>c. Amount due Government</b> (Attached: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cash)</td> <td> </td> </tr> <tr> <td><b>d. Balance outstanding</b></td> <td> </td> </tr> </table>				<b>a. Outstanding</b>		<b>b. Amount to be Applied</b>	\$1,500 00	<b>c. Amount due Government</b> (Attached: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cash)		<b>d. Balance outstanding</b>		<b>9. CASH PAYMENT RECEIPT</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>a. DATE RECEIVED</b></td> <td style="width: 50%;"><b>b. AMOUNT RECEIVED</b></td> </tr> <tr> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2"><b>c. PAYEE'S SIGNATURE</b></td> </tr> <tr> <td colspan="2"> </td> </tr> </table>		<b>a. DATE RECEIVED</b>	<b>b. AMOUNT RECEIVED</b>		\$	<b>c. PAYEE'S SIGNATURE</b>				<b>11. PAID BY</b>	
<b>a. Outstanding</b>																							
<b>b. Amount to be Applied</b>	\$1,500 00																						
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	\$																						
<b>c. PAYEE'S SIGNATURE</b>																							
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)</i>		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)																					
		▶ <i>Traveler's Initials</i>																					
		POINTS OF TRAVEL																					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	FROM (e)	TO (f)																
						New Orleans	Atlanta																
<b>13.</b> I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.																							
<b>TRAVELER SIGN HERE</b> ▶						DATE	<b>AMOUNT CLAIMED</b> ▶																
						\$	2,064 47																
<b>NOTE:</b> Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).																							
<b>14.</b> This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)						<b>17. FOR FINANCE OFFICE USE ONLY</b> COMPUTATION																	
<b>APPROVING OFFICIAL SIGN HERE</b> ▶						DATE																	
						DATE																	
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>						<b>a. DIFFERENCES, IF ANY (Explain and show amount)</b>																	
<b>a. VOUCHER NO.</b>		<b>b. D.O. SYMBOL</b>		<b>c. Month &amp; Year</b>		<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>																	
						<b>Certifier's initials:</b>																	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>						<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>																	
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶						DATE																	
						DATE																	
<b>18. ACCOUNTING CLASSIFICATION</b>						<b>d. NET TO TRAVELER</b> ▶																	
						\$																	

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and martial status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. thru (d) (g) } Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (J) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet

PAGE 1 of 2 Pages

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

PUBLIC

DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES												MILEAGE RATE	AMOUNT CLAIMED					
			MEALS								MISCELANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		48.5 ¢	MILEAGE	SUBSISTENCE		OTHER		
			BREAK-FAST	LUNCH	DINNER	TOTAL								NO. OF MILES							
(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)	(i)	(j)		(k)	(l)	(m)	(n)						
19 29 Aug	5:00 am	Dep. New Orl. In POV arr ATL				32	25			32	25	485	235	22	32	25	50	00			
30 Aug		Atlanta				43	00			43	00				43	00					
31Aug		Atlanta				43	00			43	00				43	00					
1 Sep		Atlanta				43	00			43	00				43	00					
2 Sep		Atlanta				43	00			43	00				43	00					
3 Sep		Atlanta				43	00			43	00				43	00					
4 Sep		Atlanta				43	00			43	00				43	00					
5 Sep		Atlanta				43	00			43	00				43	00					
6 Sep		Atlanta				43	00			43	00				43	00					
7 Sep		Atlanta				43	00			43	00				43	00					
8 Sep		Atlanta				43	00			43	00				43	00					
9 Sep		Atlanta				43	00			43	00				43	00					
10 Sep		Atlanta				43	00			43	00				43	00					
11 Sep		Atlanta				43	00			43	00				43	00					
12 Sep		Atlanta				43	00			43	00				43	00					
13 Sep		Atlanta				43	00			43	00				43	00					

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

SUBTOTALS ▶

235 22 677 25 50 00

TOTALS ▶

235 22 677 25 50 00

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigation or prosecutions, or when

pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in the Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m), and (n), below and in item 13 on the front of this form.

												TO TAL AM OU		▶ See Next Page							
												STANDARD FORM 1012 BACK (10-77)									
SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)  Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)  Complete only for actual expense travel  Col. (d) thru (g) } Show amount incurred for each meal, including tax and tips, and daily total meal cost.  (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.										CL AIM ED		Complete this information. This is a continuation sheet		PAGE 2 of 2 Pages		TRAVEL AUTHORIZATION NO.			
																TRAVELER'S LAST NAME					
																PUBLIC					
DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES										MILEAGE RATE	AMOUNT CLAIMED							
19	(Hour and am/pm)	(Departure/arrival city, per diem computation, or other explanations of expense)	MEALS							MISCELANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	¢	MILEAGE	SUBSISTENCE	OTHER					
			BREAK-FAST	LUNCH	DINNER	TOTAL	NO. OF MILES	(l)	(m)								(n)				
(a)	(b)	(c)	(d)	(e)	(f)	(g)				(h)	(i)	(j)	(k)								
14 Sep		Atlanta						43 00			43 00			43 00							
15 Sep		Atlanta						43 00			500 00			43 00		543 00					
16 Sep		Atlanta						43 00			43 00			43 00							
17 Sep		Atlanta						43 00			43 00			43 00							
18 Sep		Atlanta						43 00			43 00			43 00							
19 Sep		Atlanta						43 00			43 00			43 00							
20 Sep		Atlanta						43 00			43 00			43 00							
21 Sep		Atlanta						43 00			43 00			43 00							
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23 Sep		Atlanta						43 00			43 00			43 00							
24 Sep		Atlanta						43 00			43 00			43 00							
25 Sep		Atlanta						43 00			43 00			43 00							
26 Sep		Atlanta						43 00			43 00			43 00							
27 Sep		Atlanta						43 00			43 00			43 00							
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.											SUBTOTALS ▶		235 22	1102 00	50 00						
											TOTALS ▶		235 22	1779 25	50 00						

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		<table><tr><td><b>TOTAL AMOUNT CLAIMED</b></td><td>▶ 2,064.47</td></tr></table>	<b>TOTAL AMOUNT CLAIMED</b>	▶ 2,064.47
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